Medi-Cal Managed Care Program
Quality Improvement Projects Status Report
April 1, 2009 – June 30, 2009

Medi-Cal Managed Care Division
California Department of
Health Care Services

January 2010

Purpose of Report

The California Department of Health Care Services (DHCS) is responsible for the administration of the Medi-Cal Managed Care Program, including the oversight of quality improvement activities. The Code of Federal Regulations (CFR) at 42 CFR 438.240[1] requires that all states operating a Medicaid managed care program ensure that their contracted plans conduct quality improvement projects (QIPs). To comply with this federal requirement, the DHCS requires its contracted full-scope managed care plans, prepaid health plans, and specialty plans to conduct QIPs to assess and improve the quality of a targeted area of clinical or nonclinical care or service provided to Medi-Cal members.

This QIPs Status Report provides a summary of QIPs validated during the period of April 1, 2009, through June 30, 2009, and presents recommendations for improvement.

Scope of External Quality Review Activities Conducted

The DHCS contracts with Health Services Advisory Group, Inc. (HSAG) as the external quality review organization (EQRO) that validates QIP proposals and annual submissions. The Centers for Medicare & Medicaid Services (CMS) produced protocols for plans to use when conducting QIPs[2] and for EQROs to use when validating QIPs.[3] The EQRO reviews each QIP using the validating protocol to ensure that plans design, conduct, and report QIPs in a methodologically sound manner, consistent with the protocol for conducting QIPs. As a result of this validation, the DHCS and interested parties can have confidence in reported improvements that result from the QIP.

HSAG began QIP validation as the new EQRO by validating QIPs received after July 1, 2008.

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[1] Federal Register/Vol. 67, No. 115, June 14, 2002, 2002/Rules and Regulations, p. 41109.

[2] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Conducting Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, *Final Protocol, Version 1.0, May 2002.* Available at: http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/07_Tools_Tips_and_Protocols.asp

[3] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities, Final Protocol, Version 1.0, May 2002.* Available at: http://www.cms.hhs.gov/MedicaidSCHIPQualPrac/07_Tools_Tips_and_Protocols.asp

Summary of Overall Findings

The DHCS requires that all of its 25 contracted Medi-Cal managed care plans maintain two active QIPs and report on their status annually. The DHCS requires that full-scope plans participate in the statewide collaborative QIP which accounts for roughly half of all QIP submissions. Collaborative QIP submissions are due in October each year. The remaining QIP submissions have due dates throughout the year. Most plans, however, have an August due date for their second QIP if they use a HEDIS performance measure as part of their QIP since this time frame allows for final data reporting and analysis.

This report includes a summary of the three QIPs received for validation during the period of April 1, 2009, through June 30, 2009. In addition, the report provides an update on QIP activity related to QIP validation recommendations made by HSAG in the QIPs Status Report, January 1, 2009–March 31, 2009, available on the DHCS's Web page at: http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx.

HSAG evaluated the three QIPs submitted by plans using its QIP Validation Tool and scored the QIPs against the CMS validating protocol. Note: Medi-Cal managed care plans had limited exposure and varying degrees of technical assistance with HSAG's validation process and its QIP Validation Tool prior to the submission of QIPs through June 30, 2009. While HSAG provided training to plans on its QIP validation process and forms in early June 2009, the timing of this report's QIP submissions did not allow plans an opportunity to incorporate this knowledge fully.

Validation results revealed that plans submitted two of the three QIPs using the National Committee for Quality Assurance's (NCQA's) Quality Improvement Activity (QIA) form, which HSAG found does not capture all CMS-required activities for validation. The DHCS allowed plans to submit QIPs using the QIA form for all QIPs submitted through June 30, 2009, after which the DHCS required that plans submit QIPs using HSAG's QIP Summary Form.

While none of the QIPs reviewed fully met HSAG's validation requirements for compliance with CMS' protocol for conducting QIPs, HSAG noted significant improvement over the prior first, second, and third quarter QIP submissions. Plans demonstrated applied knowledge from prior QIP validation feedback and one plan submitted its QIP using HSAG's QIP Summary Form, which yielded a well-documented QIP with only minor modifications required to achieve a subsequent overall *Met* validation finding.

HSAG provided two of the three plans with feedback to incorporate with their next annual submission. Since the third plan submitted a QIP for final closeout, HSAG established a QIP resubmission due date for the plan to address critical *Not Met* evaluation elements in order to achieve an overall *Met* validation status.

Conclusions

The plans demonstrated many strengths in the QIPs submitted during this review period and continued to apply prior QIP validation feedback. Although no plan received an overall *Met* validation status during this period, they showed gradual improvement meeting CMS requirements and significant improvement over the prior three QIP review periods.

Results from one diabetes QIP, submitted for final closeout, showed the plan succeeded in improving three of its four study indicators to achieve NCQA's 90th national percentile for Medicaid plans for those measures. These impressive results support improved health outcomes for this plan's Medi-Cal managed care population, the ultimate goal for a QIP.

The plans' greatest opportunity for improvement is documenting QIPs sufficiently across all activities to meet CMS protocol requirements. When documenting future QIPs, plans need to continue to incorporate the EQRO's validation feedback along with information they received in the recent June QIP trainings and technical assistance calls, as well as Medi-Cal Managed Care Division (MMCD) policy updates regarding QIP protocols and requirements.

During this review period, the DHCS implemented interim QIP requirements for plans based on HSAG's feedback provided in prior QIPs Status Reports from July 2008 to March 2009. The DHCS released the QIA Guide for Plans in May 2009, which provides guidance on the CMS requirements and HSAG's validation process and QIP forms.

Recommendations

Based on validation activities and findings from April – June 2009, HSAG recommends the following:

- Plans should incorporate EQRO QIP validation feedback and technical assistance information into plan QIP submissions to increase compliance with CMS requirements.
- The DHCS should, in consultation with the EQRO, monitor plans' validation results to identify common technical assistance needs and provide an opportunity for targeted training, as needed.
- The DHCS should work with the EQRO to re-evaluate the process for new QIP proposals to enhance the opportunity to give plans feedback to strengthen the QIP study design and project focus.

Organization of Report

This report has seven sections:

- **Executive Summary**—Outlines the scope of EQR activities, summarizes overall validation findings for the quarter, and provides recommendations.
- **Introduction**—Provides an overview of QIP requirements and HSAG's QIP validation process.
- **Quarterly QIP Activity**—Provides a table of all QIPs reviewed by HSAG during the review period, including evaluation element scores and the overall validation status by type of QIP.
- **Summary of QIP Validation Findings**—Summarizes validation findings across plans related to QIP study design, study implementation, quality outcomes achieved, strengths and opportunities for improvement, and recommendations by type of QIP.
- **Appendix A**—Includes a listing of all active QIPs and their status.
- **Appendix B**—Provides detailed scoring tables for each evaluation element within the 10 QIP activities for the statewide collaborative (SWC) QIPs, small-group collaborative (SGC) QIPs, and internal QIPs (IQIPs).
- **Appendix C**—Provides a scoring comparison table by QIP activity for the statewide collaborative QIP, SGC QIPs, and individual QIPs.

QIP Requirements

QIPs are a federal requirement. The Code of Federal Regulations (CFR) at 42 CFR 438.240[4] requires that all states operating a Medicaid managed care program ensure that their contracted plans conduct QIPs.

QIPs are a contract requirement for Medi-Cal managed care plans. The DHCS requires each of its contracted Medi-Cal managed care plans to conduct two DHCS-approved QIPs in accordance with federal requirements.

For full-scope managed care plans, the statewide Medi-Cal managed care collaborative project serves as one of the two required QIPs. The second QIP can be either an IQIP or an SGC QIP involving at least three Medi-Cal managed care plans.

[4] Federal Register/Vol. 67, No. 115, June 14, 2002, 2002/Rules and Regulations, p. 41109.

Description of the QIP Validation Process

The primary objective of QIP validation is to determine each plan's compliance with federal requirements, which include:

- *Measuring* performance using objective quality indicators
- *Implementing* systematic interventions to achieve improvement in quality
- *Evaluating* the effectiveness of the interventions
- *Planning* and *initiating* activities to increase or sustain improvement

Federal regulations also require that plans conduct and an EQRO validate QIPs in a manner that is consistent with the CMS protocols for conducting and validating QIPs.[5]

The CMS protocol for validating QIPs focuses on two major areas:

- Assessing the plan's methodology for conducting the QIP
- Evaluating the overall validity and reliability of study results

QIP validation ensures that:

- Plans design, implement, and report QIPs in a methodologically sound manner
- Real improvement in quality of care and services is achievable
- Documentation complies with the CMS protocol for conducting QIPs
- Stakeholders can have confidence in the reported improvements

Evaluating the Overall Validity and Reliability of Study Results

A QIP that accurately documents CMS protocol requirements has high validity and reliability. *Validity* is the extent to which the data collected for a QIP measures the project's intent. *Reliability* is the extent to which an individual can reproduce the study results. For each completed QIP, HSAG assesses threats to the validity and reliability of QIP findings and determines when a QIP is no longer credible. Using its QIP Validation Tool and standardized scoring, HSAG reports the overall validity and reliability of the findings as one of the following:

- ***Met*** = high confidence/confidence in the reported study findings
- ***Partially Met*** = low confidence in the reported study findings
- ***Not Met*** = reported study findings that are not credible

[5] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Managed Care Organization Protocol. *Conducting Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 2002, and *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, Final Protocol, Version 1.0, May 2002.

QIP Validation Activities

HSAG reviewed three QIPs for the period from April 1, 2009, to June 30, 2009. Two QIPs were annual submissions and one was a new QIP proposal.

Table 3.1 summarizes QIPs validated during the reporting period. HSAG reports an overall validation status of *Not Applicable (NA)* for QIPs validated during this reporting period due to HSAG's more rigorous approach to validating QIPs as the new EQRO, as well as the DHCS's decision to allow plans time to transition to the more stringent requirements. No QIPs validated during the reporting period fully met HSAG's validation requirements for compliance with CMS' protocol for conducting QIPs.

During the review period, the DHCS acted on HSAG's recommendations provided in the QIPs Status Report, January 1, 2009–March 31, 2009.

The DHCS completed a revision of its QIP requirements to align them more closely with CMS' protocols for conducting and validating QIPs. The DHCS released the MMCD All Plan Letter 09-008 communication to plans on June 9, 2009, requiring plans to fully transition to using HSAG's QIP Summary Form for all QIPs submitted after July 1, 2009.

In late May 2009, the DHCS released the Quality Assessment Improvement (QIA) Guide for Plans as a reference for documenting QIPs. The guide includes information to help plans understand the 10 core activities for conducting QIPs, provides completion instructions for HSAG's QIP Summary Form, and gives a step-by-step discussion of the EQRO's validation process and QIP Validation Tool.

HSAG held a two-hour QIP training and technical assistance call for plans on June 3 and June 9, 2009, to orient them to HSAG's validation process and the QIP Summary Form.

HSAG began intensive targeted technical assistance with one specialty plan to assist it in developing a QIP through the study design phase. This plan experienced challenges in complying with the DHCS's QIP requirements due to its unique population and the services it provides. The plan is making significant progress with data accuracy and completeness recommendations in order to support a valid QIP.

Through review of the DHCS's QIP requirements, HSAG identified challenges with validating QIPs at the county level for those plans that elected to submit a QIP with multi-

county level data. Challenges include plans not documenting enough information at the county level within each activity to meet CMS requirements, and HSAG not having an internal methodology for scoring multi-county QIPs. Neither NCQA's QIA form nor HSAG's QIP Summary Form currently supports plans in providing the necessary documentation needed to validate a QIP at the county-level. HSAG will provide the DHCS with a proposed method of approach for review during the next review period.

Table 3.1—Medi-Cal Managed Care Program Quarterly QIP Activity, 4/1/2009–6/30/2009

Plan Name	Name of Project/Study	Type of Review*	Overall Validation Status**
Statewide Collaborative QIPs			
No QIPs reviewed for the quarter			
Small-Group Collaborative QIPs			
No QIPs reviewed for the quarter			
Internal QIPs			
Contra Costa Health Plan—Contra Costa	Reducing Health Disparities—Obesity	Proposal	*Not Applicable*
Health Plan of San Mateo—San Mateo	Cervical Cancer Screening	Annual submission	*Not Applicable*
San Francisco Health Plan—San Francisco	Diabetes Care Management	Resubmission/ Annual submission	*Not Applicable*

*__Type of Review__—Indicates whether the review is a new proposal, annual submission, or resubmission.

**__Overall Validation Status__—Populated from the QIP Validation Tool and based on the percentage scores and whether critical elements were *Met*, *Partially Met*, or *Not Met*. For these QIP submissions, HSAG reported the overall validation status as *Not Applicable* for reasons previously discussed in this report.

The CMS protocol for conducting a QIP specifies 10 core activities. Rather than assessing them separately, HSAG categorizes the core activities into three main stages to examine strengths and opportunities for improvement across key areas. For each of the three types of QIPs—statewide collaboratives (SWCs), small-group collaboratives (SGCs), and internal QIPs (IQIPs)—HSAG presents validation findings according to these three main stages:

Study Design—CMS Protocol Activities I–IV

- Selecting an appropriate study topic(s)
- Presenting a clearly defined, answerable study question(s)
- Documenting a clearly defined study indicator(s)
- Stating a correctly identified study population

Study Implementation—CMS Protocol Activities V–VII

- Presenting a valid sampling technique (if sampling was used)
- Specifying accurate/complete data collection
- Documenting appropriate improvement strategies

Quality Outcomes Achieved—CMS Protocol Activities VIII–X

- Presentation of sufficient data analysis and interpretation
- Evidence of real improvement achieved
- Data supporting sustained improvement achieved

This section provides specific findings for each of the three QIP types and discusses strengths, opportunities for improvement, and recommendations. HSAG also provides conclusions at the end of the section across all QIPs.

DHCS Statewide Collaborative Specific Findings

No plans submitted statewide collaborative QIPs for validation for the period from April 1, 2009, to June 30, 2009. All plans will submit their collaborative QIPs for validation in October 2009.

In May 2009, the DHCS held a collaborative face-to-face meeting in Sacramento at which HSAG presented the revised collaborative reporting time frames and rationale to the plans.

In June 2009, HSAG provided plans with a QIP technical assistance call focused on QIP documentation and the use of HSAG's QIP Summary Form.

A collaborative work group finalized the statewide member health education campaign materials, including a tool kit for primary care physicians. Plans began disseminating campaign materials in May 2009 with targeted completion in June 2009. The work group began developing outcome measures for the member health education campaign. HSAG recommended aligning the collaborative measure outcomes with the campaign objectives (member education regarding how to determine when emergency care is needed and other avenues for urgent care) rather than measuring member and/or provider satisfaction with the campaign materials.

The collaborative participants finalized the plan/hospital data collaboration outcome measures in May 2009 to gather information about timely information exchange between the emergency room and the health plan. In addition, the collaborative is using outcome measures to assess whether plans were more successful initiating timely member interventions with those members who had an avoidable emergency room visit.

HSAG recommended that the DHCS develop guidance and a data reporting template for plans submitting outcome intervention data to avoid confusion with the next QIP submissions due in October 2009. The DHCS drafted a reporting work sheet and disseminated it to plans in July 2009.

Based on a review of plan-reported baseline rates for the HEDIS emergency room visits indicator, HSAG recommended that the DHCS clarify age ranges for inclusion/exclusion, as plans reported this rate inconsistently in their QIPs.

Small-Group Collaborative Specific Findings

No plan submitted SGC QIPs for validation for the period from April 1, 2009, to June 30, 2009. HSAG reviewed six SGC QIPs in the previous quarter. HSAG provided feedback to the plans for their next annual submission and recommendations to the DHCS.

During this review period, plans participating in the upper respiratory infection (URI) small-group collaborative held a meeting (June 2009) to discuss development of a QIP study question. They requested that HSAG participate on the call to provide technical assistance related to the QIP validation feedback provided to plans from July 2008 – March 2009. HSAG noted a highly collaborative process among the participating plans, which resulted in the development of an appropriate study question. Plans will submit their study question as part of their next QIP submission in August 2009.

Internal Quality Improvement Project Specific Findings

Plans submitted three IQIPs for validation review for the period from April 1, 2009, to June 30, 2009. Table 4.1 provides aggregate average rates for all three IQIPs reviewed for each activity. Appendix B includes a detailed table of aggregate scores for each evaluation element within the activities.

Table 4.1––IQIP Activity Average Rates* (N=3), 4/1/09–6/30/09

QIP Stages	Activity	*Met* Elements	*Partially Met/ Not Met* Elements
Study Design	**I: Appropriate Study Topic**	94%	6%
	II: Clearly Defined, Answerable Study Question(s)	67%	33%
	III: Clearly Defined Study Indicator(s)	72%	28%
	IV: Correctly Identified Study Population	67%	33%
Study Implementation	**V: Valid Sampling Techniques**	100%	0%
	VI: Accurate/Complete Data Collection	77%	23%
	VII: Appropriate Improvement Strategies	75%	25%
Quality Outcomes Achieved	**VIII: Sufficient Data Analysis and Interpretation**	77%	23%
	IX: Real Improvement Achieved	75%	25%
	X: Sustained Improvement Achieved	100%	0%

* The activity average rate represents the aggregate average percentage of applicable elements with a *Met* or *Partially Met/Not Met* finding across all the evaluation elements for a particular activity.

Study Design

IQIP validation findings for Activities I through IV include the following:

Activity I. Appropriate Study Topic

Activity Summary: Overall, the plans met the criteria for the evaluation elements in Activity I, Appropriate Study Topic. Plans need to state explicitly whether they included special health care needs members or provide a rationale for excluding them.

All three IQIPs reviewed are clinical QIPs. One project targets disease management to improve outcomes for members with diabetes, another aims to increase secondary prevention to reduce cervical cancer, and the third attempts to reduce obesity health disparities among children. All projects have the ability to impact member health or functional status.

One plan lacked documentation as to whether it included or excluded members with special health care needs. Plans need to state explicitly whether they included these members or provide a rationale for excluding them.

Activity II. Clearly Defined, Answerable Study Question(s)

> **Activity Summary:** Plans improved their performance on this activity compared to the prior validation period and demonstrated an understanding of formatting the study question in the CMS format.

Two plans provided an answerable study question in the appropriate study format. One project lacked a study question. Although one plan lacked documentation of a study question, plan performance improved on this activity compared to the prior validation period. Plans demonstrated an understanding of formatting the study question in the CMS format.

Activity III. Clearly Defined Study Indicator(s)

> **Activity Summary:** Plans demonstrated significant improvement in meeting this activity's evaluation elements compared to the prior three review periods. Plans need to define the study indicators clearly, ensure that they align with the project's goals and benchmarks, and ensure that they answer the study questions.

The plans completely satisfied four of the seven indicator elements in Activity III. Plans did well basing their QIPs on current, evidenced-based practice guidelines, peer-reviewed literature, or consensus expert panels. They have an opportunity to improve documentation by fully defining the study indicators, allowing them to answer the study question and measure changes in member health or functional status.

In order to define the study indicators clearly, plans need to include the year of the HEDIS technical specifications used, define the numerator and denominator, include all date ranges, and provide relevant CPT codes either by documenting codes or attaching them. One plan struggled to align its study indicators to its benchmarks and to ensure that the study indicators answered the study questions. Plans should ensure that the study indicators align with the project goals and benchmarks and answer the study questions.

Activity IV. Correctly Identified Study Population

> **Activity Summary:** Plans demonstrated improvement identifying the study population correctly. Plans need to explicitly state the inclusion/exclusion criteria for each of the study indicators and include information about continuous enrollment and allowable gaps.

Two of the three plans completely met the evaluation elements for this activity. The third lacked documentation about the inclusion/exclusion of members, length of enrollment and allowable gaps, and a study question. HSAG noted that one plan acted on the feedback it received in its prior validation review during the first and second quarters, resulting in a *Met* status for all evaluation elements. Another plan that succeeded in meeting the evaluation criteria submitted a final HEDIS audit report that provided the necessary documentation for HSAG to provide a *Met* score.

The plan that received a combination of *Partially Met* and *Not Met* scores for this activity can improve by explicitly stating the inclusion/exclusion criteria for each of the study indicators. In addition, the plan needs to include information about continuous enrollment and allowable gaps for HSAG to determine whether the plan completely defined all study indicators. Without a study question, HSAG could not evaluate whether this plan included members to whom the study question applied.

Study Implementation

Findings for IQIP Activities V through VII include the following:

Activity V. Valid Sampling Techniques

> **Activity Summary:** Plans using sampling techniques achieved a *Met* status for all Activity V evaluation elements.

Two plans used sampling techniques. Both achieved a *Met* status for all Activity V evaluation elements. Both plans that used sampling techniques provided information sufficient to demonstrate proper sampling, resulting in valid and reliable information. Both plans appropriately used NCQA's HEDIS methodology for sampling, which HSAG found to be in accordance with generally accepted principles of research design and statistical analysis.

Activity VI. Accurate/Complete Data Collection

Activity Summary: Plans demonstrated strong improvement with this activity compared to the previous quarter's validation results. Plans met most evaluation elements related to data collection, with improvement needed on some elements in this activity.

This activity includes 11 evaluation elements. Both plans that used a manual data process provided good information to support a *Met* status for most of the applicable elements. One plan did not include a study overview as part of the manual data collection tool instructions.

Plans did well specifying the sources of data, using qualified staff members for data abstraction, ensuring a manual data collection tool that was accurate and consistent with the study indicators, and providing clear written instructions for completing the data collection tool.

Plans can improve by identifying all data elements for data collection, documenting the process for collecting data, providing a timeline for data collection, providing an overview of the study in written instructions, and including the estimated degree of completeness for administrative data.

For the one plan with the greatest opportunity for improvement, the QIP needs documentation that discusses how the plan identified data elements for data collection. In addition, the plan must include the process used for data collection for both baseline and remeasurement periods, and must specify the date ranges for each. When using administrative data, plans need to provide an estimate of data completeness.

Activity VII. Appropriate Improvement Strategies

Activity Summary: Plans should include the quality improvement process used to conduct a causal/barrier analysis and a discussion about standardization of the interventions when they are successful.

Plans documented interventions to address identified causes/barriers and successfully demonstrated system interventions likely to induce permanent change; however, an opportunity exists for plans to provide information about the process used to identify barriers. For example, plans can document a description of a brainstorming session or include a fishbone diagram to describe the process they used to identify causes/barriers.

Two plans submitted QIPs that progressed to the point of remeasurement. While both plans found their interventions successful, one plan lacked documentation about the standardization of the intervention for ongoing monitoring.

Quality Outcomes Achieved

Validation findings for Activities VIII through X include the following:

Activity VIII. Sufficient Data Analysis and Interpretation

Activity Summary: Plans had both success and opportunities for improvement related to the nine evaluation elements within this activity.

Plans did well identifying the initial and remeasurement periods, conducting statistical testing between periods, and comparing results appropriately. The plans need to demonstrate sufficient data analysis and interpretation by including a data analysis plan, providing factors that threaten internal/external validity, including an interpretation of the findings, and presenting data in a clear, accurate, and understandable manner.

QIP documentation needs to include a data analysis plan that addresses how the plan will calculate study indicators, how it will compare results to goals and benchmarks, and the type of statistical testing the plan will use to determine statistical differences between measurement periods. Two of the three plans struggled to meet this evaluation element.

HSAG requires plans to document factors that threaten the internal or external validity of the findings. Examples of these factors include changes in data collection staff members or processes, use of a new vendor, implementation of new data systems, or the absorption of another plan's members. In addition, plans should document the impact of these factors and the resolution.

One plan lacked an interpretation of baseline findings for the study indicators. To receive a *Met* score, the plan should provide a comparison of baseline results to established goals and/or benchmarks.

Activity IX. Real Improvement Achieved

Activity Summary: Plans showed strong improvement in the use of statistical testing between baseline and remeasurement periods, an opportunity for improvement noted in the prior-quarter QIP submissions.

Two plans had QIPs that progressed through remeasurement periods. Both plans showed improvement over baseline results, with one demonstrating significant improvement for some, but not all, study indicators. HSAG provided technical assistance to one plan based on its request to address this area, which it identified on prior validation results. Both plans applied appropriate statistical testing.

Activity X. Sustained Improvement Achieved

Activity Summary: One project progressed through Activity X and achieved sustained improvement.

One plan demonstrated sustained improvement for its four study indicators related to diabetes care management. This plan increased rates of HbA1c screening, LDL-C screening, monitoring for nephropathy, and retinal eye exams among its diabetic population. The other two QIPs have not yet progressed to the point of evaluating for sustained improvement.

IQIP Strengths and Opportunities for Improvement

HSAG identified improved documentation of IQIPs as the plans' greatest strength during the review period. QIPs show greater compliance with CMS requirements. One project demonstrated sustained improvement in diabetes care for all four study indicators in which the plan is likely to improve functional status and health outcomes of its Medi-Cal members.

Opportunities exist for plans to continue to incorporate validation feedback and use technical assistance for continued improvement of validation scores with subsequent submissions.

Through a review of QIPs over the last four quarters, HSAG found that many plans could benefit from feedback before they fully initiate a project to better define and narrow the scope of their QIP. The DHCS and HSAG have an opportunity to provide greater technical assistance at the point of a plan's project proposal to strengthen the project before the plan collects baseline data.

IQIP Recommendations

HSAG recommends increased communication between plans, the DHCS, and the EQRO regarding new QIP proposals to strengthen QIP study design.

Conclusions—Overall QIP Validation Findings

During the review period, the DHCS continued to demonstrate a commitment to align its plan QIP requirements with those of CMS. The DHCS revised and implemented HSAG's recommended changes, and these new plan requirements become effective July 1, 2009.

The three QIPs reviewed for the period from April 1, 2009, to June 30, 2009, received an overall validation status of *Not Applicable*. This indicated that, although these QIPs did not fully meet the CMS requirements, plans demonstrated significant improvement in documenting QIPs and showed an increase in the number of evaluation elements that received a *Met* score. As plans transition their projects to HSAG's QIP Summary Form and incorporate prior validation feedback, HSAG expects that plans will achieve a higher number of QIPs receiving an overall *Met* validation status.

Appendix A presents the status of the following types of active QIPs:

- DHCS Statewide Collaborative QIPs
- Small-Group Collaborative QIPs
- Internal QIPs

Table A.1––DHCS Statewide Collaborative QIPs as of June 30, 2009
(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
				Steps Validated*	Measurement Completion*
Name of Project/Study: Reducing Avoidable Emergency Room Visits					
Alameda Alliance for Health—Alameda	LI	Clinical	Reduce the number of members 1 year of age and older who use the emergency room for a visit that could have been more appropriately managed in an office or a clinic setting.	I – IX	Remeasurement 1
Anthem Blue Cross— Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara Sacramento Stanislaus, Tulare	 CP GMC LI			I – VIII	Baseline
CalOptima—Orange	COHS			I – IX	Remeasurement 1
Care 1st—San Diego	GMC			I – IX	Remeasurement 1
CenCal Health—Santa Barbara	COHS			I – IX	Remeasurement 1
Central CA Alliance for Health**— Monterey, Santa Cruz	COHS			I – IX	Remeasurement 1
Community Health Group—San Diego	GMC			I – IX	Remeasurement 1
Contra Costa Health Plan—Contra Costa	LI			I – IX	Remeasurement 1
Health Net— Fresno, Kern, Los Angeles, Stanislaus, Tulare Sacramento, San Diego	 CP GMC			I – IX	Remeasurement 1
Health Plan of San Joaquin—San Joaquin	LI			I – IX	Remeasurement 1
Health Plan of San Mateo—San Mateo	COHS			I – IX	Remeasurement 1
Inland Empire Health Plan—Riverside, San Bernardino	LI			I – IX	Remeasurement 1
**Central Coast Alliance for Health changed its name to Central CA Alliance for Health effective July 1, 2009.					

Table A.1––DHCS Statewide Collaborative QIPs as of June 30, 2009
(*See page A-8 for grid category explanations.)

	Plan Name & County	Plan Model Type*	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
Name of Project/Study: Reducing Avoidable Emergency Room Visits						
	Kaiser Permanente (North)—Sacramento	GMC	Clinical	Reduce the number of members 1 year of age and older who use the emergency room for a visit that could have been more appropriately managed in an office or a clinic setting.	I – IX	Remeasurement 1
	Kaiser Permanente (South)—San Diego	GMC			I – IX	Remeasurement 1
	Kern Family Health Care—Kern	LI			I – VIII	Baseline
	LA Care Health Plan—Los Angeles	LI			I – IX	Remeasurement 1
	Molina Healthcare—Riverside, San Bernardino Sacramento, San Diego	CP GMC			I – IX	Remeasurement 1
	Partnership Health Plan—Napa, Solano, Yolo	COHS			I – IX	Remeasurement 1
	San Francisco Health Plan—San Francisco	LI			I – IX	Remeasurement 1
	Santa Clara Family Health Plan—Santa Clara	LI			I – IX	Remeasurement 1
	Western Health Advantage—Sacramento	GMC			I – IX	Remeasurement 1

Table A.2––Small-Group Collaborative QIPs as of June 30, 2009

(*See page A-8 for grid category explanations.)

	Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Population Description*	Level of QIP Progress*	
						Steps Validated*	Measurement Completion*
	CalOptima—Orange	COHS	Appropriate Treatment for Children With Upper Respiratory Infection	Clinical	Decrease inappropriate use of antibiotics in children 3 months–18 years of age.	I – IX	Remeasurement 1
	Care 1st—San Diego	GMC				I – VIII	Baseline
	Health Net— Fresno, Kern, Los Angeles, Stanislaus, Tulare Sacramento, San Diego	CP GMC				I – IX	Remeasurement 1
	LA Care Health Plan—Los Angeles	LI				I – IX	Remeasurement 1
	Molina Healthcare— Riverside, San Bernardino Sacramento, San Diego	CP GMC				I – IX	Remeasurement 1
	Care 1st—San Diego	GMC	Improving Treatment of Chronic Obstructive Pulmonary Disease (COPD)	Clinical	Improve treatment for adults 40 years of age and older with COPD.	I – VIII	Baseline
	Community Health Group—San Diego	GMC				I – VIII	Baseline

Table A.3––Internal QIPs as of June 30, 2009
(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
AHF Healthcare Centers—Los Angeles	SP	Reducing Adverse Reactions to Coumadin for Patients With HIV/AIDS	Clinical	Reduce the number of hospitalizations for members on Coumadin therapy as a result of adverse reactions.	I – IX	Remeasurement 1
AHF Healthcare Centers—Los Angeles	SP	Controlling High Blood Pressure	Clinical	Increase the percentage of cases of controlled blood pressure among adults diagnosed with hypertension.	I – VIII	Baseline
Alameda Alliance for Health—Alameda	LI	Decrease Return Emergency Room Visits for Asthmatic Exacerbations in Children	Clinical	Reduce the number of children 2–18 years of age who visit the ER with asthma and return to the ER with additional asthmatic events.	I – VIII	Baseline
Anthem Blue Cross— Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara, Sacramento Stanislaus, Tulare	CP GMC LI	Improving Diabetes Management	Clinical	Increase HEDIS rates for HbA1c screening and diabetic retinal eye exams among adults 21–65 years of age.	I – X	Remeasurement 4
CenCal Health—Santa Barbara	COHS	Proper Antibiotic Use	Clinical	Decrease inappropriate antibiotic prescribing for children 2–18 years of age.	I – X	Remeasurement 2
Central CA Alliance for Health**—Monterey, Santa Cruz	COHS	Improving Effective Case Management	Clinical	Increase the effectiveness of case management to reduce hospitalizations related to diabetes and congestive heart failure among adults 21 years of age and older.	I – VIII	Baseline
**Central Coast Alliance for Health changed its name to Central CA Alliance for Health effective July 1, 2009.						

Table A.3––Internal QIPs as of June 30, 2009
(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
Community Health Group—San Diego	GMC	Increasing Follow-up to Positive Postpartum Screens	Clinical	Increase the percentage of women receiving a postpartum visit within six months of delivery.	I – VIII	Baseline
Contra Costa Health Plan—Contra Costa	LI	Reducing Health Disparities: Childhood Immunizations	Clinical	Improve childhood immunization rates and well-care visits in the first 15 months of life for African-American and Hispanic children.	I – X	Remeasurement 4
Contra Costa Health Plan—Contra Costa	LI	Reducing Health Disparities: Childhood Obesity	Clinical	Reduce health disparities in childhood obesity among children 3–11 years of age.	None	Proposal pending
Family Mosaic Project	SP	*Project pending*				
Family Mosaic Project	SP	*Project pending*				
Health Plan of San Joaquin—San Joaquin	LI	Chlamydia Screening	Clinical	Increase the rate of chlamydia screening in sexually active women 16–25 years of age.	I – IX	Remeasurement 1
Health Plan of San Mateo—San Mateo	COHS	Cervical Cancer Screening	Clinical	Increase the percentage of women who receive a Pap test.	I – VIII	Baseline
Inland Empire Health Plan—Riverside, San Bernardino	LI	Child Upper Respiratory Infections	Clinical	Decrease antibiotic overuse in children 3 months–18 years of age.	I – X/closed	Remeasurement 2
Kaiser Permanente (North)—Sacramento	GMC	Childhood Obesity	Clinical	Identify and decrease the number of children 3-11 years of age with a body mass index in the at-risk for overweight and overweight category.	I – VI	Proposal
Kaiser Permanente (South)—San Diego	GMC	Improving Blood Sugar Levels in Diabetic Members	Clinical	Increase the percentage of diabetic members having at least one HbA1c test within the last 12 months.	I – X	Remeasurement 4

Table A.3––Internal QIPs as of June 30, 2009
(*See page A-8 for grid category explanations.)

Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
					Steps Validated*	Measurement Completion*
Kaiser PHP—Marin, Sonoma	PHP	Cervical Cancer Screening	Clinical	Increase cervical cancer screening among women 18–64 years of age.	I – X	Remeasurement 3
Kaiser PHP—Marin, Sonoma	PHP	Smoking Prevention	Clinical	Increase the percentage of members 18 years of age and older receiving advice to quit smoking.	I – X	Remeasurement 4
Kern Family Health Care—Kern	LI	Use of Immunization Registry for Children	Clinical	Increase the number of children seen by providers who access and use the regional immunization registry for children 2 years of age and younger.	I – X	Remeasurement 3
Partnership Health Plan—Napa, Solano, Yolo	COHS	Asthma Management	Clinical	Improve management of asthma for members 5–56 years of age.	I – X	Remeasurement 4
San Francisco Health Plan—San Francisco	LI	Diabetes Care Management	Clinical	Improve comprehensive diabetes care: blood glucose control, retinal eye exams, and reduced cholesterol and blood pressure levels.	I – X	Remeasurement 2
Santa Clara Family Health—Santa Clara	LI	Adolescent Obesity Prevention	Clinical	Increase screening for adolescent obesity and timeliness of appropriate health education intervention.	I – VIII	Baseline
SCAN Health Plan—Los Angeles, Riverside, San Bernardino	SP	Chronic Obstructive Pulmonary Disease (COPD)	Clinical	Improve treatment for adults 40 years of age and older with COPD.	I – VIII	Baseline
SCAN Health Plan—Los Angeles, Riverside, San Bernardino	SP	Prevention of Stroke and Transient Ischemic Attack (TIA)	Clinical	Reduce the risk and recurrence of stroke or TIA.	None	Baseline

Table A.3––Internal QIPs as of June 30, 2009

	Plan Name & County	Plan Model Type*	Name of Project/Study	Clinical/ Nonclinical*	QIP Description*	Level of QIP Progress*	
						Steps Validated*	Measurement Completion*
	Western Health Advantage—Sacramento	GMC	Improving Timeliness of Prenatal and Postpartum Care	Clinical	Increase the percentage of pregnant women who receive timely prenatal and postpartum care.	I – X	Remeasurement 3

*Grid category explanations:

Plan Model Type—designated plan model type:

- County-Operated Health System (COHS) plan
- Geographic-Managed Care (GMC) plan
- Two-Plan Model
  - Local initiative plan (LI)
  - Commercial plan (CP)
- Specialty plan (SP)

Clinical/Nonclinical—designates if the QIP addresses a clinical or nonclinical area of study.

QIP Description—provides a brief description of the QIP and the study population.

Level of QIP Progress—provides the status of each QIP as shown through *Steps Validated* and *Measurement Completion:*

- *Steps Validated*—provides the number of CMS activities/steps completed through Step X.
- *Measurement Completion*—indicates the QIP status as proposal, baseline assessment, Remeasurement 1, Remeasurement 2, etc.

Table B.1—IQIP Activities I to IV Ratings (N = 3 QIPs), 4/1/2009–6/30/2009

	Evaluation Elements	Met	Partially Met/ Not Met	NA/Not Assessed
	Activity I: Appropriate Study Topic			
	1. Reflects high-volume or high-risk conditions (or was selected by the State).	100%	0%	0%
	2. Is selected following collection and analysis of data (or was selected by the State).	100%	0%	0%
	3. Addresses a broad spectrum of care and services (or was selected by the State).	100%	0%	0%
	4. Includes all eligible populations that meet the study criteria.	100%	0%	0%
	5. Does not exclude members with special health care needs.	67%	33%	0%
C*	6. Has the potential to affect member health, functional status, or satisfaction.	100%	0%	0%
	Activity Average Rates**	**94%**	**6%**	**-**
	Activity II: Clearly Defined, Answerable Study Question(s)			
C*	1. States the problem to be studied in simple terms.	67%	33%	0%
C*	2. Is answerable.	67%	33%	0%
	Activity Average Rates**	**67%**	**33%**	**-**
	Activity III: Clearly Defined Study Indicator(s)			
C*	1. Are well-defined, objective, and measurable.	33%	67%	0%
	2. Are based on current, evidence-based practice guidelines, pertinent peer review literature, or consensus expert panels.	100%	0%	0%
C*	3. Allow for the study questions to be answered.	33%	67%	0%
	4. Measure changes (outcomes) in health or functional status, member satisfaction, or valid process alternatives.	67%	33%	0%
C*	5. Have available data that can be collected on each indicator.	100%	0%	0%
	6. Are nationally recognized measures such as HEDIS specifications, when appropriate.	67%	0%	33%
	7. Includes the basis on which each indicator was adopted, if internally developed.	33%	0%	67%
	Activity Average Rates**	**72%**	**28%**	**-**
	Activity IV: Correctly Identified Study Population			
C*	1. Is accurately and completely defined.	67%	33%	0%
	2. Includes requirements for the length of a member's enrollment in the plan.	67%	33%	0%
C*	3. Captures all members to whom the study question applies.	67%	33%	0%
	Activity Average Rates**	**67%**	**33%**	**-**

Notes to Table:

NA is *Not Applicable*.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of applicable elements with a *Met* or *Partially Met/Not Met* finding across all the evaluation elements for a particular activity.

Δ No QIPs were assessed for this activity/evaluation element.

Table B.2—IQIP Activities V to VII Ratings (N = 3 QIPs), 4/1/2009–6/30/2009

	Evaluation Elements	Met	Partially Met/ Not Met	NA/Not Assessed
Activity V: Valid Sampling Techniques				
	1. Consider and specify the true or estimated frequency of occurrence.	67%	0%	33%
	2. Identify the sample size.	67%	0%	33%
	3. Specify the confidence level.	67%	0%	33%
	4. Specify the acceptable margin of error.	67%	0%	33%
C*	5. Ensure a representative sample of the eligible population.	67%	0%	33%
	6. Are in accordance with generally accepted principles of research design and statistical analysis.	67%	0%	33%
	Activity Average Rates**	**100%**	**0%**	**-**
Activity VI: Accurate/Complete Data Collection				
	1. The identification of data elements to be collected.	67%	33%	0%
	2. The identification of specified sources of data.	100%	0%	0%
	3. A defined and systematic process for collecting baseline and remeasurement data.	67%	33%	0%
	4. A timeline for the collection of baseline and remeasurement data.	67%	33%	0%
	5. Qualified staff and personnel to abstract manual data.	67%	0%	33%
C*	6. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	67%	0%	33%
	7. A manual data collection tool that supports interrater reliability.	67%	0%	33%
	8. Clear and concise written instructions for completing the manual data collection tool.	67%	0%	33%
	9. An overview of the study in written instructions.	34%	33%	33%
	10. Administrative data collection algorithms/flow charts that show activities in the production of indicators.	34%	33%	33%
	11. An estimated degree of automated data completeness.	0%	33%	67%
	Activity Average Rates**	**77%**	**23%**	**-**
Activity VII: Appropriate Improvement Strategies				
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes.	67%	33%	0%
	2. System changes that are likely to induce permanent change.	100%	0%	0%
	3. Revised if original interventions are not successful.	Δ	Δ	100%
	4. Standardized and monitored if interventions were successful.	34%	33%	33%
	Activity Average Rates**	**75%**	**25%**	**-**

Notes to Table:

NA is *Not Applicable*.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of applicable elements with a *Met* or *Partially Met/Not Met* finding across all the evaluation elements for a particular activity.

Δ No QIPs were assessed for this activity/evaluation element.

Table B.3—IQIP Activities VIII to X Ratings (N = 3 QIPs), 4/1/2009–6/30/2009

	Evaluation Elements	Met	Partially Met/ Not Met	NA/Not Assessed
Activity VIII: Sufficient Data Analysis and Interpretation				
C*	1. Is conducted according to the data analysis plan in the study design.	33%	67%	0%
C*	2. Allows for the generalization of the results to the study population if a sample was selected.	67%	0%	33%
	3. Identifies factors that threaten the internal or external validity of the findings.	67%	33%	0%
	4. Includes an interpretation of the findings.	67%	33%	0%
	5. Is presented in a way that provides accurate, clear, and easily understood information.	67%	33%	0%
	6. Identifies initial measurement and remeasurement of study indicators.	67%	0%	33%
	7. Identifies statistical differences between initial measurement and remeasurement.	67%	0%	33%
	8. Identifies factors that affect the ability to compare the initial measurement with remeasurement.	67%	0%	33%
	9. Includes interpretation of the extent to which the study was successful.	67%	0%	33%
	Activity Average Rates**	**77%**	**23%**	**-**
Activity IX: Real Improvement Achieved				
	1. Remeasurement methodology is the same as baseline methodology.	67%	0%	33%
	2. There is documented improvement in processes or outcomes of care.	67%	0%	33%
	3. The improvement appears to be the result of planned intervention(s).	67%	0%	33%
	4. There is statistical evidence that observed improvement is true improvement.	0%	67%	33%
	Activity Average Rates**	**75%**	**25%**	**-**
Activity X: Sustained Improvement Achieved				
	1. Repeated measurements over comparable time periods demonstrate sustained improvement, or that a decline in improvement is not statistically significant.	33%	0%	67%
	Activity Average Rates**	**100%**	**0%**	**-**

Notes to Table:

NA is *Not Applicable*.

*"C" in this column denotes a critical element in HSAG's validation protocol. Plans must receive a *Met* score for these elements for a QIP to receive a *Met* validation status.

**The activity average rate represents the average percentage of applicable elements with a *Met* or *Partially Met/Not Met* finding across all the evaluation elements for a particular activity.

Δ No QIPs were assessed for this activity/evaluation element.